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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	INTECH 3.0-090
	First Inventor	Peter Poechmueller
	Title	STRUCTURE AND METHOD OF MULTIPLEXING BITLINE SIGNALS WITHIN A MEMORY ARRAY
	Express Mail Label No.	EV342610712US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATIONS PARTS

9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other:


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 000530	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Daryl K. Neff	Registration No. (Attorney/Agent)	38,253
Signature		Date	July 11, 2003

14042 U.S. PTO
07/11/03

PTO/SB/17 (01-03)
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																										
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-1095 Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION 1. BASIC FILING FEE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1001</td><td style="text-align: center;">750</td><td>2001</td><td style="text-align: center;">375</td><td>Utility filing fee</td><td style="text-align: center;">750.00</td></tr> <tr><td>1002</td><td style="text-align: center;">330</td><td>2002</td><td style="text-align: center;">165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td style="text-align: center;">520</td><td>2003</td><td style="text-align: center;">260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td style="text-align: center;">750</td><td>2004</td><td style="text-align: center;">375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td style="text-align: center;">160</td><td>2005</td><td style="text-align: center;">80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td style="text-align: center;">750.00</td> </tr> </table> 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td>20</td> <td>-20** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>2</td> <td>-3** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1202</td><td style="text-align: center;">18</td><td>2202</td><td style="text-align: center;">9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td style="text-align: center;">84</td><td>2201</td><td style="text-align: center;">42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td style="text-align: center;">280</td><td>2203</td><td style="text-align: center;">140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td style="text-align: center;">84</td><td>2204</td><td style="text-align: center;">42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td style="text-align: center;">18</td><td>2205</td><td style="text-align: center;">9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> <td style="text-align: center;">0.00</td> </tr> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee	750.00	1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)				(\$)	750.00	Total Claims		Extra Claims		Fee from below		Fee Paid							20	-20** =		x		=	0.00	2	-3** =		x		=	0.00	Multiple Dependent							Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$)	0.00																																																																											
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SUBMITTED BY Name (Print/Type): Daryl K. Neff Signature: <i>Daryl K. Neff</i>		Complete (if applicable) Registration No. (Attorney/Agent): 38,253 Telephone: (908) 654-5000 Date: July 11, 2003																																																																																																																																																																																																										